* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter *20." ***If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3."

ADDIT, FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

+140=

ADDIT. FEE

TOTAL

FORM PTO-875 (Rev. 8/01)

8

ENDMENT

AMENDMENT

AU.S.GPO:2001 482-124 / 59197

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

OR

+280=

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09899817

		·. 							0,0		, 0, /	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	SMALL ENTITY TYPE			OTHER SMALL	
TOTAL CLAIMS			9				RAT	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			9 minus 20= *			•)=		OR	X\$18=	
INDEPENDENT CLAIMS							X40	=		OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT				400			1	070	
* If the difference in column 1 is less than zero, enter "0"					r "0" in c	column 2	+135			OR	+270=	7/2
CLAIMS AS AMENDED - PART II						TOT	٩L		OR	TOTAL	HO, -	
	C	(Column 1)	(Column 2) (Column 3)				SMA	LL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Е	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	,	=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=	X40	=		OR	X80=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		+135	=		OR	+270=	
							TO ADDIT. I	TAL		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											ADDII. 1 EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CL AINA	=	X40	=		OR	X80=	
	FINOT PHESE	NIATION OF MIC	DETIFIE DEF	ENDEN	CLAIIVI		+135	=		OR	+270=	
							TO ADDIT. F	TAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=	X40:	=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		105				, 070	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											